

REAL ESTATE TAX BILL
FISCAL YEAR 2012 QUARTERLY
 Your Preliminary Tax for the Fiscal Year 2012 beginning July 1, 2011 and ending June 30, 2012 on the parcel of Real Estate described below is as follows:

THE COMMONWEALTH OF MASSACHUSETTS
TOWN OF AMHERST
OFFICE OF THE COLLECTOR OF TAXES

2^d quarter
1ST QUARTER
August

Return with payment

PROPERTY DESCRIPTION Location: 26 TAYLOR ST Parcel ID: 11D-000-104 Book - Page: 1598/741	BILL NUMBER 3517	Preliminary Tax \$2,394.84 1st Quarter Bill \$1,197.42 AMOUNT DUE <i>1 NOV 11</i> \$1,197.42 August 2, 2011												
	<table border="1"> <thead> <tr> <th colspan="4">SPECIAL ASSESSMENTS</th> </tr> <tr> <th>DESC</th> <th>AMOUNT</th> <th>DESC</th> <th>COMM INT</th> </tr> </thead> <tbody> <tr> <td> </td> <td> </td> <td> </td> <td> </td> </tr> </tbody> </table>	SPECIAL ASSESSMENTS				DESC	AMOUNT	DESC	COMM INT					MAKE PAYMENTS TO: Town of Amherst 4 Boltwood Ave Amherst, MA 01002 PAY online www.Amherstma.gov
SPECIAL ASSESSMENTS														
DESC	AMOUNT	DESC	COMM INT											

KISSAM, DOROTHEA A
 26 TAYLOR ST
 AMHERST MA 01002

FILED IN AMHERST 17 APR 11 2011, PLEASE CHANGE BILLING ADDRESS TO

*DOROTHEA A KISSAM US9026
 THOMAS & WHITE, EXECUTOR
 PO BOX 26 COLEBROOK CT 06021*

00832082012300003517000001197425

860 379 3346 THOMAS C. WHITE

RECEIVED
 OCT 21 2011
 TOWN OF AMHERST

ESTATE OF DOROTHEA A. KISSAM THOMAS C. WHITE, EXECUTOR P.O. BOX 26 COLEBROOK, CT 06021		508 53-7233/2118
Pay to the Order of <u>TOWN OF AMHERST</u>		Date <u>19 OCT 11</u>
\$ <u>1197.42</u>		Dollars <u>42</u>
ELEVEN HUNDRED NINETY SEVEN AND 42/100		Security Features Details on Back
NORTHAMPTON COOPERATIVE BANK NORTHAMPTON, MA 01059	Bill # 3517 26 TAYLOR ST. AMHERST MA	For <u>RE TAX BILL # 2 DUE 1 NOV 11</u>
⑆ 211872331⑆ 600368981⑆		0508

Changed 10/25/11

D.00 17 Aug 11

COMMONWEALTH OF MASSACHUSETTS
THE TRIAL COURT
PROBATE AND FAMILY DEPARTMENT

HAMPSHIRE DIVISION

Docket No. HS11P0541EA

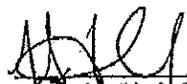
In the Estate of:)
)
)
DOROTHEA A. KISSAM)

TEMPORARY EXECUTOR

Upon the Motion for Appointment of Temporary Executor filed on August 30, 2011 with respect to the Petition of Will Without Sureties filed on August 30, 2011, after hearing on September 19, 2011 at which Attorney Lisa Kent, counsel for the Petitioner was present, IT IS DECREED THAT Thomas C. White of Colebrook, in the State of Connecticut, be appointed Temporary Executrix of said estate, first giving bond without sureties for the due performance of said trust.

THE AUTHORITY OF THE TEMPORARY EXECUTOR NAMED HEREIN IS LIMITED TO A PERIOD OF NINETY (90) DAYS WHICH SHALL EXPIRE ON DECEMBER 18, 2011.

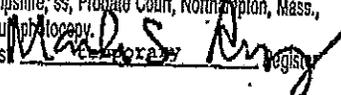
9/22/11
Date



Honorable Linda S. Fidnick
Judge of Probate and Family Court

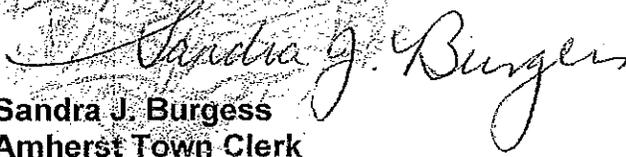
KISSAM, DORTHEA P-1P-11.wp2/DME

SEP 22 2011

Hampshire, ss, Probate Court, Northampton, Mass.,
A true and correct copy.
Attest:  Registrar

DECEDENT - NAME		FIRST	MIDDLE	LAST	SEX	DATE OF DEATH (Mo., Day, Yr.)	
Dorothea		A	Kissam	F	August 17, 2011		
PLACE OF DEATH (City/Town):			COUNTY OF DEATH	HOSPITAL OR OTHER INSTITUTION - Name (If not in either, give street and number)			
Amherst			Hampshire	26 Taylor Street			
PLACE OF DEATH (Check only one):				SOCIAL SECURITY NUMBER		IF US WAR VETERAN SPECIFY WAR	
<input type="checkbox"/> HOSPITAL <input type="checkbox"/> Inpatient <input type="checkbox"/> EPO/Outpatient <input type="checkbox"/> DOA				<input type="checkbox"/> OTHER <input type="checkbox"/> Nursing Home <input checked="" type="checkbox"/> Residence <input type="checkbox"/> Other (Specify)		553-40-4340	
WAS DECEDENT OF HISPANIC ORIGIN? (If yes, Specify Puerto Rican, Dominican, Cuban, etc.)				RACE (e.g. White, Black, American Indian, etc.) (Specify)		DECEDENT'S EDUCATION (Highest Grade Completed)	
<input checked="" type="checkbox"/> NO <input type="checkbox"/> YES				White		Elementary Sec (0-12) College (1-4, 5+) 5+	
AGE - Last Birthday (Yrs.)		UNDER 1 YEAR	UNDER 1 DAY	DATE OF BIRTH (Mo., Day, Yr.)	BIRTHPLACE (City and State or Foreign Country)		
88		MOS. DAYS	HOURS MINS	Aug 17, 1923	Trenton, NJ		
MARRIED, NEVER MARRIED WIDOWED OR DIVORCED		LAST SPOUSE (If wife, give maiden name)		USUAL OCCUPATION (Prior - If Retired)	KIND OF BUSINESS OR INDUSTRY		
Divorced		Samuel W Shor		Registered Nurse	Medical		
RESIDENCE - NO. & ST., CITY/TOWN, COUNTY, STATE/COUNTRY							ZIP CODE
26 Taylor Street Amherst, Hampshire, MA							01002
FATHER - FULL NAME			STATE OF BIRTH (If not in US, name country)	MOTHER - NAME (GIVEN) (MAIDEN)	STATE OF BIRTH (If not in the US, name country)		
Philip Kissam			NJ	Dorothy Wurttemberg	NY		
INFORMANT'S NAME			MAILING ADDRESS - NO. & ST., CITY/TOWN, STATE, ZIP CODE			RELATIONSHIP	
Thomas White			8 Shantry Road Colebrook, CT 06021			Cousin	
METHOD OF IMMEDIATE DISPOSITION			FUNERAL SERVICE LICENSEE OR OTHER DESIGNEE			LICENSE #	
<input type="checkbox"/> BURIAL <input checked="" type="checkbox"/> CREMATION <input type="checkbox"/> ENTOMBMENT <input type="checkbox"/> REMOVAL FROM STATE <input type="checkbox"/> DONATION <input type="checkbox"/> OTH. SPEC.			Ronald D Lashway Sr			6068	
PLACE OF DISPOSITION (Name of Cemetery, Crematory or other)			LOCATION (City/Town, State)				
Springfield Crematory			Springfield, MA				
DATE OF DISPOSITION (Mo., Day, Yr.)			NAME AND ADDRESS OF FACILITY OR OTHER DESIGNEE				
Aug 19, 2011			Douglass Funeral Service 87 N.Pleasant St Amherst, MA 01002				
PART I - Enter the diseases, injuries, or complications that caused the death. Do not use only the mode of dying, such as cardiac or respiratory arrest, shock or heart failure. List only one cause on each line (a through d) PRINT OR TYPE LEGIBLY.							Approximate Interval Between Onset and Death
IMMEDIATE CAUSE (Final disease or condition resulting in death)							11 months
a. Sarcomatous carcinoma of kidney							
b. DUE TO (OR AS A CONSEQUENCE OF)							
c. DUE TO (OR AS A CONSEQUENCE OF)							
d. DUE TO (OR AS A CONSEQUENCE OF)							
PART II - Other significant conditions contributing to death but not resulting in underlying cause given in Part I.							WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (Yes or No)
							No
MED. EXAM. NOTIFIED? (Yes or No)		MANNER OF DEATH		DATE OF INJURY (Mo., Day, Yr.)	TIME OF INJURY	INJURY AT WORK (Yes or No)	
No		<input checked="" type="checkbox"/> NATURAL <input type="checkbox"/> HOMICIDE <input type="checkbox"/> COULD NOT BE DETERMINED <input type="checkbox"/> ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> PENDING INVESTIGATION				M 35c	
DESCRIBE HOW INJURY OCCURRED			PLACE OF INJURY (At home, farm, street, factory, office bldg, etc.) Specify	LOCATION (No. & St., City/Town, State)			
36a To the best of my knowledge, death occurred at the time, date, and place and due to the cause(s) stated.			37a On the basis of examination and/or investigation in my opinion death occurred at the time, date, and place and due to the cause(s) stated.			HOUR OF DEATH	
(Signature and Title) Andrew F. Hall MD			(Signature and Title)			37c M	
DATE SIGNED (Mo., Day, Yr.)			DATE SIGNED (Mo., Day, Yr.)			PRONOUNCED DEAD (Hr)	
August 17, 2011						M	
NAME OF ATTENDING PHYSICIAN IF NOT CERTIFIER			37d			37e M	
36d			37d			37e M	
NAME AND ADDRESS OF CERTIFYING PHYSICIAN OR MEDICAL EXAMINER (Type or Print)							LICENSE NO. OF CERTIFIER
Andrew F. Hall MD 264 Elm Street Northampton, MA 01060							50685
WAS THERE A PRONOUNCEMENT FORM? (Yes or No)		IF YES, DATE PRONOUNCED	IF YES, TIME PRONOUNCED	40d NAME OF PRONOUNCER		TITLE	
Yes		August 17, 2011	9:30 AM	Julia Lynch		<input checked="" type="checkbox"/> R.N. <input type="checkbox"/> P.A. <input type="checkbox"/> N.P.	
DATE BURIAL PERMIT ISSUED			RECEIVED IN THE CITY/TOWN OF			DATE OF RECORD	
August 18, 2011			AMHERST			AUG 18, 2011	
SIGNATURE-BD. OF HEALTH AGENT			CLERK'S SIGNATURE			43	
Row D. Lashway Sr.			Sandra J. Burgess				

A true copy, attest


Sandra J. Burgess
Amherst Town Clerk